

# Connecticut Commission on Health Equity

## Executive Committee

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Dr. Marie Spivey  
**Vice-Chairperson**  
Dr. Cathy Medina  
**Secretary**  
Cathy Graves  
**Treasurer**  
Arvind Shaw  
**Executive Director**  
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Minutes to the November 15, 2013 Board Meeting  
Legislative Office Building Room 1B  
9:30am

Present: Marie Spivey, Glenn Cassis, Greg Stanton, Sue Tharnish, Elizabeth Krause, Kristen Noelle Hatcher, Brad Plebani, Ann Ferris, Margaret Hynes, Margaret Colebut Jackson, Werner Oyanadel,

Arvind Shaw, MuiMui Hin McCormack, Christine Palm, Sylvia Gafford-Alexander, Jim Farnum, Colleen Gallagher

Call-In: Cathy Graves, Marja Hurley

Absent: Michael Williams, Paul Cleary, Jim Gatling

1. Welcome and Introduction. Commissioner Marie Spivey welcomed the members of the Commission and visitors to the meeting. She asked everyone to introduce themselves and to state which organization they represented. Commissioner Spivey reminded everyone that attendance was mandatory in person to at least 3 meetings every year.
2. Treasurers Report: Commissioner Shaw reported that the budget has essentially not changed since there was no additional funding allotted to the Commission. In addition, he reported that the lost of the additional spot would be discussed with OPM. He planned a meeting with Peter Zelez, Marisol Resto, Dr. Helen Newton and himself to provide an easy transition for the new Executive Director with the Business Team.
3. Remarks to the Commission by Dr. Helen D. Newton MD: It is both an honor and a privilege to share my vision for the next 90 days. After spending the past 2 weeks unpacking, opening the

office and reviewing files for the Commission, I have a rising concern to the level of declaring a “state of urgency”.

The work that has been placed in front of us is the continuation of work that was started years ago. In accomplishing our daily tasks, we forget about the countless, nameless faces that have gone before us fighting for equality. We forget about the countless nameless faces that have lost their lives. What was their crime? Wanting and fighting for equality. We know that the Emancipation Proclamation of 1863 gave legal freedom but we also know that it did not ensure justice or equality. The Civil Rights Act provided a legal framework for equality but the reality still escapes many. I would like to suggest to you that that same struggle still exists today. The names and faces have changed. The name has changed because ‘Equity’ has replaced “Equality”. We have replaced fair and impartial treatment for equal treatment. The names and the faces of the struggle today are your names and your faces. The struggle that we have in front of us is not for the weak of heart but rather for those with a strong heart and a gladiator spirit. A gladiator willing to wield the double swords of equality and impartiality, wear the breastplate of justice and a helmet of integrity. I would like to suggest to you that the goal is within reach although at times it may feel like grains of sand slipping in between your fingers. Every person has the right to be treated with dignity and respect not only in their pursuit of quality healthcare but also in education, the justice department, and in every institution that we utilize to attain the highest quality of life. We know that while it has been within reach it has escaped the grasp of many people of color including the Native Americans, immigrants, and the transgender society. Today I am asking for each person to remember our purpose and unite together to accomplish our common goal and fight only against our opposition: unfairness and partiality based on race, gender or linguistic skills. I believe that every person sitting here today is here by purpose not by chance; on a mission not coincidence to achieve equity for all in the State of Connecticut.

How you ask shall we achieve this?

First, one of the strategies will be to provide a strong working foundation of the Commission. I am proposing that we use the enhanced CLAS standards as our foundational approach for eliminating disparities in the State. This requires a top down approach starting with the Executive Cabinet and Department Commissioners and work down from there. Once the need for training is firmly established from the top, the implementation of a health equity plan will be easier. NCQA has the largest national market share in terms of usage and their recommendation is the use of the CLAS standards for elimination of disparities.

I will use the next 60 days to plan 2-3 training sessions: the first for the entire CCHC Board and consultants to ensure that we are on the same page and speaking the same language. Second: A training with the Executive Cabinet and Department Commissioners and Third: A training for the hospital CEO's. This unified platform will provide a springboard for implementation of a statewide Health Equity Plan to eliminate disparity then incorporating the social determinants of health.

The ideal plan should be standardized, measurable, reproducible, web based for easy analysis and user friendly for easy implementation. We will need to do the basic, advanced and implementation training which will take three sessions of two hours apiece or two sessions of three hours apiece.

Second, the viability of an organization can be measured by outcomes and production but also by financial stability. Restricting budget is a way of limiting activity. We cannot eliminate disparities in the State without a budget. I have already contacted the Office of Minority Health for assistance to do a grant search for the Commission. An organization needs money to operate effectively. This is an area where we need individuals on the Commission to help with the identification and filing of grants.

Thirdly, I do feel that it is imperative that we review and comment on the SIM initiative. This initiative is laying the blueprint for the transformation of the healthcare system in the State and I feel that a detailed Health Equity plan should be part of the process. CHE should be seated at the table from planning to implementation. Without a definite plan, we will have a transformed health care system with contained cost and the same endemic racial and cultural problems which exist today. In general, I believe that we should review all proposed legislation to evaluate its health impact on the state.

Lastly, I am requesting a meeting with each member of the Board and all committee chairs. An invitation will be sent out this week to the entire Board. I would like for this to be accomplished in the first 60 days.

I am intimately aware of the services in the communities of color that have suffered from chronic understaffing, inadequate allocation and unequal access.

Today I am asking that you rededicate yourselves to the cause that we have placed here to accomplish. I believe that anyone who has taken on this task has done so with a desire to make a change. Let's walk in that purpose. Let's move with deliberate action and immense wisdom. We need all hands to be onboard and to be willing to roll up your sleeves and work. Work will be required to turn the ship.

The late and great Dr. Martin Luther King stated "The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy".

Where do we stand this day?

Lets stand together to accomplish this task and in doing so, perhaps, even walk in our destiny!

The floor was then open for questions and discussion.

4. Old Business: Werner Oyanadel reported on the Legislative Committee. He stated that he could no longer be the Chair of the Committee due to increasing responsibility on LPRAC. He did state that he knew of grants for the Commission and could assist. He wanted to continue to serve on the Committee but just could not lead the Committee.
5. Public Voice Committee was chaired by Glenn Cassis and he spoke at length on the activities of the Committee including a documentary on tobacco migrant farmers in the State and the use of tobacco in the state vs. the amount of revenue produced by tobacco for the State. He also

extended an invitation on behalf of the African American Affairs Commission to host a welcome for the new Executive Director of the Commission for December 2013.

6. Data Committee: On behalf of the Data Committee headed by Greg Stanton, we had a guest speaker, Jim Farnum from the CT Data Collaborative which is a public private partnership. Funds were provided by the CT Health Foundation for the web portal in 2011. They have about 430 Excel files and PDF files. DPH has a grant to improve the data collection and quality for the State. This is a collection of public data redistributed. Discussed DHMAS Behavioral Portal and cost factors. Discussed the Health Equity Index Project.
7. Christine Palm reported on behalf of the Communications Committee regarding the Annual Report for 2013 which was her contribution. She reminded the Commission to take pictures and to write up events so that we would have material available for the next annual report.
8. Youth Committee report came from Kristen Noelle Hatcher. She stated the youth were very enthusiastic about the meetings and that she wanted to continue the meetings. The youth wanted to look into mental health issues that were not being addressed adequately in the healthcare system.
9. Resource Committee led by Sylvia Gafford Alexander had not met.
10. Nomination Committee report was given by Cathy Graves. Greg Stanton was nominated for Chairman of the Board and Kristen Noelle Hatcher was nominated for Vice Chair.

Next meeting was announced for December 17, 2013.

The meeting was adjourned by Commissioner Spivey.